

NAME _____
(Print or Type)

Using the table below, list **only** 30 hours of continuing education , HIV/AIDS and BLS courses. Attach all documentation to this sheet and mail with application

COURSE NAME	NO. OF CE HOURS	DATE OF COURSE	PROVIDER	CATEGORY B OR CATEGORY C	<u>FOR OFFICE USE ONLY</u>
HIV/AIDS			CHS Approval #		
CPR					